

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME

Will Fox

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Governor's Office

POSITION

CB/ID NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Deputy Chief of Staff

Executive Office

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

State Capitol

CITY

STATE

ZIP

Sacramento

CA

95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	TOLLS. PARKING	PRIVATE CAR USE MILES AMOUNT		
05-May	9:00am	Sac to LA				18.00	279.20	Air	9.00		0.00	306.20	
05-May	8:30pm	LA to Sac									0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
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											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	18.00	0.00	279.20	0.00	9.00	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$306.20	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Met with LA Office staff.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240521

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage:

CLAIMANT'S SIGNATURE

DATE

5/6/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/18/09

DATE